

**DeJarnette Center
Staunton, Virginia**

**Snapshot Inspection
October 3, 1999**

Office of the Inspector General

EXECUTIVE SUMMARY

This report summarizes the findings during a snapshot visit of DeJarnette Center, which occurred on October 3, 1999.

Snapshot inspections are brief and unannounced. Inspections of this type will be performed randomly throughout the year on all facilities. The purpose of these inspection is to observe general conditions of the facility, staffing patterns, patient activity and issues for follow-up from either primary or secondary inspections. The sections outlined in this report specifically addresses these areas.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

FINDINGS OF MERIT

- The hospital was clean and well maintained. The units were generally quiet. (Finding 1.1)
- Staff interactions with patients were conducted in a manner that demonstrated application of the treatment of patients with dignity and respect. (Finding 2.2)
- Western State Hospital (WSH) security personnel have a visible presence within the facility. (Finding 2.4)
- The psychiatrist on-call responded to the page in less than a minute. (Finding 2.5)
- The facility has incorporated a substance abuse track to their programming. (Finding 3.2)

FINDINGS OF CONCERN

- Individual patient rooms were in various states of neatness. (Finding 1.2)
- The air-conditioning was not operating properly during the visit resulting in an uncomfortably warm temperature within the building. (Finding 1.3)
- There was not one nurse for each unit. (Finding 2.1)
- Not all the staff wore nametags. (Finding 2.3)

- Thirty-five minutes was the response time for the on-call physician for non-emergency medical concerns. (Finding 2.6)
- Professional staff (primary therapist) services are not available for families on weekends. (Finding 3.1)
- Organized activities were available but limited during the period of the visit. (Finding 3.3)
- Treatment plans continue to remain generic. (Finding 3.4)

Facility: DeJarnette Center

Date of Inspection: Sunday, October 3, 1999

Time: 3:00 P.M. - 7:30 P.M.

Type Of Inspection: Snapshot Inspection

Unannounced

Inspection Focus/Purpose: To review the general conditions of the facility, identify staffing patterns and census and to observe general activities of the patients during a weekend shift.

Background Information:

Information was obtained during the visit in the following manner: two patients (one adolescent and one child), a family member and seven staff members were interviewed. Ten client records (a sampling from each unit) were reviewed with a focus on the treatment plans and medical issues, if applicable. The on-call physicians were contacted. Observations were made of staff and patient interactions as well as a nursing interview with a parent regarding the outcome of a therapeutic visit. Other documentation requested included a copy of the Adolescent Program Manual and the Nursing Assessment form for noting the outcome of a therapeutic pass.

General Conditions

1.1 Finding: The hospital was clean and well maintained. The units were generally quiet.

Background: Each of the four units was visited. The common areas were clean and well maintained. The grounds were well maintained. There is a fence around the facility, but no gate across the driveway.

Recommendation: Continue current maintenance practices.

1.2 Finding: Individual patient rooms were in various states of neatness.

Background: Staff, on an adolescent unit, indicated they could not require the patients to clean their rooms, because the children have asserted a right to have a messy room. The adolescent unit manual uses the stronger term "must" when outlining the responsibility of the patients in maintaining their living area. Conflict with authority and behavior problems are frequently associated with reasons why an adolescent can not remain in a community (i.e. must be hospitalized). This unclear message regarding reasonable expectations for maintenance of ones own personal living space gives the children a mixed message. Interestingly on the units serving younger children this is less of an issue. The kids know that "straightening the room and making the bed" were required tasks to be completed each morning.

Recommendation: Review current policy regarding maintenance of personal space and educate staff so that these expectations are applied consistently.

1.3 Finding: The air-conditioning was not operating properly during the visit resulting in an uncomfortably warm temperature within the building.

Background: Security personnel from WSH visited the unit to inform staff that maintenance was aware of the problem and that efforts were underway to remedy the situation. This situation is not necessarily indicative of on-going mechanical problems but it is interesting to note the facility had experienced a mechanical problem with the air conditioning system during the primary inspection as well.

Recommendation: None. This will be reviewed in future inspections.

Staffing Issues

2.1 Finding: There was not one nurse for each unit.

Background: While adequate numbers of staff was present, the patients and environment would have benefited from the presence and influence of one RN per each of the four units. As DeJarnette historically has little difficulty recruiting RNs but is experiencing increasing difficulty

recruiting and retaining Human Services Care Workers (HSCW), consideration should be given to reallocating staff positions.

On the date of the inspection, the staffing patterns and unit census were as follows:

| | | |
|---------|----------|---------------------------|
| Unit D1 | Patients | 11 (9 present, 2 on pass) |
| | Staff | .5 RN |
| | 4 HSCW | |
| | | 1 Recreational Therapist |
| Unit D2 | Patients | 8 |
| | Staff | 5 RN |
| | | 4 HSCW |
| | | 1 Recreational Therapist |
| Unit D3 | Patients | 7 (6 present, 1 on pass) |
| | Staff | .5 RN |
| | | 4 HSCW |
| | | 1 Recreational Therapist |
| Unit D4 | Patients | 8 |
| | Staff | .5 RN |
| | | 4 HSCW |
| | | 1 Recreational Therapist |
| | | 1 Nursing student |

Recommendation: Establish nursing positions such that one RN per unit per shift is assured.

2.2 Finding: Staff interactions with patients were conducted in a manner that demonstrated application of the treatment of patients with dignity and respect.

Background: Staff was observed in various activities with the patients. Their interactions were respectful. During incidents that were more emotionally intense staff spoke with the patients in a calm manner, redirecting the behavior and seeking alternative ways of dealing with the situation. It is often suggested that the inspection process result in "artificial" data because of the presence of the reviewers. One incident of interaction was observed between two staff members, a patient and his parents out in the parking area, prior to anyone being aware that reviewers were on-site. It became apparent that the child did not want to return to the facility following a weekend pass. The child grabbed on to the luggage rack of the car. There was a "power-struggle" between the child and the parents. The patient's mother summoned staff and they were able to effectively de-escalate the situation by talking with the patient. This is a mark of staff skilled in handling emotionally intense situations with respect for the family and the child.

Recommendation: Continue to maintain a focus on treating all patients with dignity and respect.

2.3 Finding: Not all the staff wore nametags.

Background: Given the youthfulness and manner of dress of the HSCWs, it was difficult to note a difference between the staff and patients.

Recommendation: Continue the current effort at assuring that staff wears nametags.

2.4 Finding: Western State Hospital (WSH) security personnel have a visible presence within the facility.

Background: WSH security personnel were present on the unit explaining that their random visits provide additional security and support for the staff. On the occasion of their visit, as noted, they informed staff of the reason for the temperature condition and the plan for correction of the problem.

Recommendation: Continue this positive relationship between WSH security and DeJarnette staff.

2.5 Finding: The psychiatrist on-call responded to the page in less than a minute.

Background: Nursing was requested to contact the on-call physicians to determine the timeframe for their response.

Recommendation: None, this was a good response time.

2.6 Finding: Thirty-five minutes was the response time for the on-call physician for non-emergency medical concerns.

Background: Urgent medical situations are handled through use of the rescue squad and the local emergency room. A delayed response time coupled with the current shared nursing arrangement could pose a risk to the health and safety of the children.

Recommendation: The facility should establish procedural expectations for medical response time.

Active Treatment

3.1 Finding: Professional staff (primary therapists) services are not available for families on weekends.

Background: One of the recommendations from the primary visit centered around the facility arranging for professional staff providing therapy to accommodate family schedules by being available on the weekends. The family member interviewed indicated that she had few opportunities to meet with staff because of the distance involved in driving to the facility. It was felt that late evening appointments and/or weekend hours would be beneficial. She related that contact with primary providers was handled through phone conversations. She expressed a desire to participate in discharge planning regarding her child but felt that the meeting times often prohibited her attendance. She maintained that her absence did not reflect a lack of concern for her child but merely a choice between two important issues; her child and her need to work. She related that she has experienced a "great improvement" in her child since his involvement with the facility. She also had some concerns regarding the interface between the private and public sectors.

Recommendation: Arrange professional staff schedules in order to accommodate the needs of families including evening sessions and weekend appointments.

3.2 Finding: The facility has incorporated a substance abuse track to their programming.

Background: Although the facility has recently incorporated a substance abuse awareness group to the available activities, interviews with staff and patients indicated that the group was required for all patients instead of individualized to those with chemical dependency issues. One patient indicated that she resented having to attend the group when she did not have any problems with the use of substances. This is a new program. Hopefully it will develop the capacity to identify and match treatment intensity with patient need.

Recommendation: The facility will continue to develop and expand the scope of this essential service.

3.3 Finding: Organized activities were available but limited during the period of the visit.

Background: It was observed that the activities noted on the schedule were not consistently the activity that patients were engaged in at the time specified. Even though less programming traditionally occurs on the weekend, there were adequate staffing to offer more treatment focused programming that links directly to specified goals and needs for the patients. The majority of HCSWs interviewed did not see themselves as a member of the patient(s) treatment team. Frustration was expressed regarding the development of treatment interventions for their implementation without their input.

All other mental health facilities in Virginia are developing treatment malls. This concept could be used on the weekends to expand treatment options for all patients.

Recommendation: Develop a plan for reviewing current activities and implement a set of facility wide treatment opportunities that would more specifically address an individual's treatment needs.

3.4 Finding: Treatment plans continue to remain generic.

Background: A random sampling of records were reviewed on each of the units. Throughout the facility, the treatment plans were very "canned". On Unit D2, the treatment plans in three records reviewed were identical in language and content; particularly the interventions section. It was difficult to determine from the documents that the specific and individualized needs of the patient(s) were being addressed. While this may be more convenient for staff, it defeats the purpose of developing individualized treatment specifically designed to promote successful community reintegration. Other facilities throughout Virginia are redesigning their treatment planning activities.

Recommendation: DeJarnette Center needs to develop a mechanism for reviewing the process and content of treatment planning.